

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVER LAKE MANOR (410305)

Address: N2641 17TH LANE BOX 1267, WAUTOMA, WI 54982

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093494 **End Date:** 10/05/2004 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007032 Served 11/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/15/2006	Yes
83.32(2)(a)1	PHYSICAL HEALTH	06/15/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	06/15/2006	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	06/15/2006	Yes

Survey ID: 0091809 **End Date:** 11/12/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009227 Served 01/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	10/05/2004	Yes
83.32(2)(d)	REVIEW OF PROGRESS	10/05/2004	No
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	10/05/2004	No
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	10/05/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 10/26/2004 **SOD #10007032** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.32(2)(a)1
FORFEITURE---83.32(2)(d)
FORFEITURE---83.35(5)(c)

Date: 01/13/2004 **SOD #10009227** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 04/01/2005

Date Investigation Completed: 05/09/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2004

Date Investigation Completed: 10/05/2004

Subject Area(s)

QUALITY OF LIFE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2003

Date Investigation Completed: 11/12/2003

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009227

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.